

P19245.P01

# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. P19245

Total Pages

Inventor(s) or Application Identifier  
Hiroshi FURUYAMA

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Title: VIDEO STORAGE AND RETRIEVAL APPARATUS

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

## APPLICATION ELEMENTS

## ACCOMPANYING APPLICATION PARTS

1. ☒ Fee Transmittal Form
2. ☒ Specification [Total Pages 54]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC 113) [Total Sheets 12]
4. ☒ Oath or Declaration [Total Pages 3]
  - a. ☒ Newly executed (original or copy) ☐ Unexecuted
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)  
[Note Box 5 below]
    - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR 1.63(d)(2)  
and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy  
of the oath or declaration is supplied under Box 4b, is considered  
as being part of the disclosure of the accompanying application  
and is hereby incorporated by reference therein.
6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

8. ☒ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure ☐ Copies of IDS Citations  
Statement (IDS)/PTO-1449
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ Small Entity ☐ Statement filed in prior application,  
Statement(s) Status still proper and desired
15. ☐ The prior application is assigned of record to \_\_\_\_\_
16. ☒ Foreign priority claimed
  - a. ☒ Claim of Priority
  - b. ☒ Certified Copy of Priority Document(s)
17. ☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior Application No. \_\_\_\_\_/\_\_\_\_\_, filed \_\_\_\_\_.
19. ☐ Amend the specification by inserting before the first line the sentence:

This application is a \_\_ continuation-in-part, \_\_ continuation, \_\_ division, of Application No. \_\_\_\_\_/\_\_\_\_\_, filed \_\_\_\_\_.

Address all future correspondence to Customer No. 7055 at the present address of:

GREENBLUM &amp; BERNSTEIN, P.L.C.

1941 Roland Clarke Place  
Reston, VA 20191  
(703) 716-1191

Date

*Leslie J. Bernstein* Reg. No. 33,329  
Signature

Bruce H. Bernstein, Reg. No. 29,027  
Typed or Printed Name

|   |  |                               |                       |
|---|--|-------------------------------|-----------------------|
| <b>FEE TRANSMITTAL</b>                      |  | Complete if Known             |                       |
|   |  | Application Number            | Not Yet Assigned      |
|   |  | Filing Date                   | Concurrently Herewith |
|   |  | First Named Inventor          | H. FURUYAMA           |
|   |  | Group Art Unit                | Unknown               |
|   |  | Examiner Name                 | Unknown               |
| TOTAL AMOUNT OF PAYMENT (\$) <u>2254.00</u> |  | Attorney Docket Number P19245 |                       |

  

| METHOD OF PAYMENT (check one)   | FEE CALCULATION (continued) |                 |                 |  |                          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
|---|-----------------------------|-----------------|-----------------|--|--------------------------|----------|-----|-----|-----|-----|--------------------|------------|-----|-----|-----|-----|-------------------|-----------------|-----|-----|-----|-----|------------------|-----------------|-----|-----|-----|-----|--------------------|-----------------|-----|-----|-----|----|------------------------|-----------------|--------------------------|--|--|--|--|------------|--------------|-------|----------------|----------|---------|----|--------|-----|--------------------|----|--------|------|--------|--|--|--|--|--|--|--|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|----|-----|---|------------------------|-----------------|-----|----|-----|----|-----------------------------------|-----------------|-----|-----|-----|-----|--------------------------|-----------------|-----|----|-----|----|---|-----------------|-----|----|-----|---|---|-----------------|--------------------------|--|--|--|--|-------------|--|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|-----------------|-----|----|-----|----|---|-----------------|-----|-----|-----|-----|---------------------------|-----------------|-----|-------|-----|-------|--|-----------------|-----|------|-----|------|-------------------------------|-----------------|--|--|--|--|--|--------------------------|-----|--------|-----|--------|---|-----------------|-----|-----|-----|----|---|-----------------|-----|-----|-----|-----|---|-----------------|-----|-----|-----|-----|---|-----------------|-----|-------|-----|-----|---|-----------------|-----|-------|-----|-----|---|-----------------|-----|-----|-----|-----|------------------|-----------------|-----|-----|-----|-----|--|-----------------|-----|-----|-----|-----|--------------------------|-----------------|-----|-------|-----|-------|---|-----------------|-----|-----|-----|----|--|-----------------|-----|-------|-----|-----|--|-----------------|-----|-------|-----|-----|--------------------------------|-----------------|-----|-----|-----|-----|------------------|-----------------|-----|-----|-----|-----|-----------------|-----------------|-----|-----|-----|-----|-------------------------------|-----------------|-----|----|-----|----|---|-----------------|-----|-----|-----|-----|-------------------|-----------------|-----|----|-----|----|--|-----------|-----|-----|-----|-----|---|-----------------|-----|-----|-----|-----|--|-----------------|---|--|--|--|--|-----------------|---|--|--|--|--|-----------------|--------------------------|--|--|--|--|-----------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <u>19-0089</u></p> <p>Deposit Account Name <u>GREENBLUM &amp; BERNSTEIN, P.L.C.</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136(a)(3))</p> <p><input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Check      <input type="checkbox"/> Money Order      <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION (fees effective 11/13/98)</b></p> <p><b>1. FILING FEE</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>690</td><td>201</td><td>345</td><td>Utility filing fee</td><td><u>690</u></td></tr> <tr><td>106</td><td>310</td><td>206</td><td>155</td><td>Design filing fee</td><td><u>        </u></td></tr> <tr><td>107</td><td>480</td><td>207</td><td>240</td><td>Plant filing fee</td><td><u>        </u></td></tr> <tr><td>108</td><td>690</td><td>208</td><td>345</td><td>Reissue filing fee</td><td><u>        </u></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td><u>        </u></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1) (\$)</b></td><td><u>690</u></td></tr> </tbody> </table> <p><b>2. CLAIMS</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>31 -20=</td> <td>11</td> <td>x 18 =</td> <td>198</td> </tr> <tr> <td>Independent 20 -3=</td> <td>17</td> <td>x 78 =</td> <td>1326</td> </tr> <tr> <td colspan="4">Claims</td> </tr> <tr> <td colspan="4">Multiple Dependent Claims <u>        </u> x 260 = <u>0</u></td> </tr> </tbody> </table> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td><u>        </u></td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td><td><u>        </u></td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td>Multiple dependent claim</td><td><u>        </u></td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>Reissue independent claims over original patent</td><td><u>        </u></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td><td><u>        </u></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2) (\$)</b></td><td><u>1524</u></td></tr> </tbody> </table> | Large Fee Code              | Entity Fee (\$) | Small Fee Code  | Entity Fee (\$)  | Fee Description          | Fee Paid | 101 | 690 | 201 | 345 | Utility filing fee | <u>690</u> | 106 | 310 | 206 | 155 | Design filing fee | <u>        </u> | 107 | 480 | 207 | 240 | Plant filing fee | <u>        </u> | 108 | 690 | 208 | 345 | Reissue filing fee | <u>        </u> | 114 | 150 | 214 | 75 | Provisional filing fee | <u>        </u> | <b>SUBTOTAL (1) (\$)</b> |  |  |  |  | <u>690</u> | Total Claims | Extra | Fee from below | Fee Paid | 31 -20= | 11 | x 18 = | 198 | Independent 20 -3= | 17 | x 78 = | 1326 | Claims |  |  |  | Multiple Dependent Claims <u>        </u> x 260 = <u>0</u> |  |  |  | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18 | 203 | 9 | Claims in excess of 20 | <u>        </u> | 102 | 78 | 202 | 39 | Independent claims in excess of 3 | <u>        </u> | 104 | 260 | 204 | 130 | Multiple dependent claim | <u>        </u> | 109 | 78 | 209 | 39 | Reissue independent claims over original patent | <u>        </u> | 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent | <u>        </u> | <b>SUBTOTAL (2) (\$)</b> |  |  |  |  | <u>1524</u> | <p><b>3. ADDITIONAL FEES</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><u>        </u></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td><u>        </u></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td><u>        </u></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td><u>        </u></td></tr> <tr><td>112</td><td>900*</td><td>112</td><td>900*</td><td>Requesting publication of SIR</td><td><u>        </u></td></tr> <tr><td colspan="5"></td><td>Prior to Examiner action</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td><u>        </u></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for response within 1st month</td><td><u>        </u></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for response within 2nd month</td><td><u>        </u></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for response within 3rd month</td><td><u>        </u></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for response within 4th month</td><td><u>        </u></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for response within 5th month</td><td><u>        </u></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td><td><u>        </u></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td><u>        </u></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td><u>        </u></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><u>        </u></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive unavoidably abandoned application</td><td><u>        </u></td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td><td>Petition to revive unintentionally abandoned application</td><td><u>        </u></td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td><td>Utility issue fee (or reissue)</td><td><u>        </u></td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td><td>Design issue fee</td><td><u>        </u></td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td><td>Plant issue fee</td><td><u>        </u></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td><u>        </u></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td><u>        </u></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of IDS</td><td><u>        </u></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><u>40</u></td></tr> <tr><td>146</td><td>760</td><td>246</td><td>380</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td><u>        </u></td></tr> <tr><td>149</td><td>760</td><td>249</td><td>380</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td><u>        </u></td></tr> <tr><td colspan="5">Other fee (specify) <u>  </u></td><td><u>        </u></td></tr> <tr><td colspan="5">Other fee (specify) <u>  </u></td><td><u>        </u></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (3) (\$)</b></td><td><u>40</u></td></tr> </tbody> </table> <p>*Reduced by Basic Filing Fee paid</p> | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | <u>        </u> | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. | <u>        </u> | 139 | 130 | 139 | 130 | Non-English specification | <u>        </u> | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | <u>        </u> | 112 | 900* | 112 | 900* | Requesting publication of SIR | <u>        </u> |  |  |  |  |  | Prior to Examiner action | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | <u>        </u> | 115 | 110 | 215 | 55 | Extension for response within 1st month | <u>        </u> | 116 | 380 | 216 | 190 | Extension for response within 2nd month | <u>        </u> | 117 | 870 | 217 | 435 | Extension for response within 3rd month | <u>        </u> | 118 | 1,360 | 218 | 680 | Extension for response within 4th month | <u>        </u> | 128 | 1,850 | 228 | 925 | Extension for response within 5th month | <u>        </u> | 119 | 300 | 219 | 150 | Notice of Appeal | <u>        </u> | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal | <u>        </u> | 121 | 260 | 221 | 130 | Request for oral hearing | <u>        </u> | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | <u>        </u> | 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application | <u>        </u> | 141 | 1,210 | 241 | 605 | Petition to revive unintentionally abandoned application | <u>        </u> | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) | <u>        </u> | 143 | 430 | 243 | 215 | Design issue fee | <u>        </u> | 144 | 580 | 244 | 290 | Plant issue fee | <u>        </u> | 122 | 130 | 122 | 130 | Petitions to the Commissioner | <u>        </u> | 123 | 50 | 123 | 50 | Petitions related to provisional applications | <u>        </u> | 126 | 240 | 126 | 240 | Submission of IDS | <u>        </u> | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <u>40</u> | 146 | 760 | 246 | 380 | Filing a submission after final rejection (37 CFR 1.129(a)) | <u>        </u> | 149 | 760 | 249 | 380 | For each additional invention to be examined (37 CFR 1.129(b)) | <u>        </u> | Other fee (specify) <u>  </u> |  |  |  |  | <u>        </u> | Other fee (specify) <u>  </u> |  |  |  |  | <u>        </u> | <b>SUBTOTAL (3) (\$)</b> |  |  |  |  | <u>40</u> |
| Large Fee Code  | Entity Fee (\$)             | Small Fee Code  | Entity Fee (\$) | Fee Description  | Fee Paid                 |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 101   | 690                         | 201             | 345             | Utility filing fee   | <u>690</u>               |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 106   | 310                         | 206             | 155             | Design filing fee  | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 107   | 480                         | 207             | 240             | Plant filing fee   | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 108   | 690                         | 208             | 345             | Reissue filing fee   | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 114   | 150                         | 214             | 75              | Provisional filing fee   | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| <b>SUBTOTAL (1) (\$)</b>  |                             |                 |                 |  | <u>690</u>               |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| Total Claims  | Extra                       | Fee from below  | Fee Paid        |  |                          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 31 -20=   | 11                          | x 18 =          | 198             |  |                          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| Independent 20 -3=  | 17                          | x 78 =          | 1326            |  |                          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| Claims  |                             |                 |                 |  |                          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| Multiple Dependent Claims <u>        </u> x 260 = <u>0</u>  |                             |                 |                 |  |                          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| Large Fee Code  | Entity Fee (\$)             | Small Fee Code  | Entity Fee (\$) | Fee Description  | Fee Paid                 |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 103   | 18                          | 203             | 9               | Claims in excess of 20   | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 102   | 78                          | 202             | 39              | Independent claims in excess of 3  | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 104   | 260                         | 204             | 130             | Multiple dependent claim   | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 109   | 78                          | 209             | 39              | Reissue independent claims over original patent                            | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 110   | 18                          | 210             | 9               | Reissue claims in excess of 20 and over original patent                    | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| <b>SUBTOTAL (2) (\$)</b>  |                             |                 |                 |  | <u>1524</u>              |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| Large Fee Code  | Entity Fee (\$)             | Small Fee Code  | Entity Fee (\$) | Fee Description  | Fee Paid                 |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 105   | 130                         | 205             | 65              | Surcharge - late filing fee or oath  | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 127   | 50                          | 227             | 25              | Surcharge - late provisional filing fee or cover sheet.                    | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 139   | 130                         | 139             | 130             | Non-English specification  | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 147   | 2,520                       | 147             | 2,520           | For filing a request for reexamination                                     | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 112   | 900*                        | 112             | 900*            | Requesting publication of SIR  | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
|   |                             |                 |                 |  | Prior to Examiner action |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 113   | 1,840*                      | 113             | 1,840*          | Requesting publication of SIR after Examiner action                        | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 115   | 110                         | 215             | 55              | Extension for response within 1st month                                    | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 116   | 380                         | 216             | 190             | Extension for response within 2nd month                                    | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 117   | 870                         | 217             | 435             | Extension for response within 3rd month                                    | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 118   | 1,360                       | 218             | 680             | Extension for response within 4th month                                    | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 128   | 1,850                       | 228             | 925             | Extension for response within 5th month                                    | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 119   | 300                         | 219             | 150             | Notice of Appeal   | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 120   | 300                         | 220             | 150             | Filing a brief in support of an appeal                                     | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 121   | 260                         | 221             | 130             | Request for oral hearing   | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 138   | 1,510                       | 138             | 1,510           | Petition to institute a public use proceeding                              | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 140   | 110                         | 240             | 55              | Petition to revive unavoidably abandoned application                       | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 141   | 1,210                       | 241             | 605             | Petition to revive unintentionally abandoned application                   | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 142   | 1,210                       | 242             | 605             | Utility issue fee (or reissue)   | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 143   | 430                         | 243             | 215             | Design issue fee   | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 144   | 580                         | 244             | 290             | Plant issue fee  | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 122   | 130                         | 122             | 130             | Petitions to the Commissioner  | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 123   | 50                          | 123             | 50              | Petitions related to provisional applications                              | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 126   | 240                         | 126             | 240             | Submission of IDS  | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 581   | 40                          | 581             | 40              | Recording each patent assignment per property (times number of properties) | <u>40</u>                |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 146   | 760                         | 246             | 380             | Filing a submission after final rejection (37 CFR 1.129(a))                | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 149   | 760                         | 249             | 380             | For each additional invention to be examined (37 CFR 1.129(b))             | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| Other fee (specify) <u>  </u>   |                             |                 |                 |  | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| Other fee (specify) <u>  </u>   |                             |                 |                 |  | <u>        </u>          |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| <b>SUBTOTAL (3) (\$)</b>  |                             |                 |                 |  | <u>40</u>                |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |         |    |        |     |                    |    |        |      |        |  |  |  |  |  |  |  |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |  |                          |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |

|  |  |                     |  |                                       |  |
|--|--|---------------------|--|---------------------------------------|--|
| SUBMITTED BY                             |  |                     |  | Complete (if applicable)              |  |
| Typed or Printed Name                    |  | Bruce H. Bernstein  |  | Reg. Number 29,027                    |  |
| Signature <i>Leshie Papayner Reg No.</i> |  | Date <u>3/22/00</u> |  | Deposit Account User ID <u>33,329</u> |  |